

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043109

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registered on District No. 3028

FILED NOV 28 1962

Primary Registration District No.

Registrar's No.

213

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Jasper</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Carthage</b>				Length of stay in lb <b>3 yrs</b>		c. CITY OR TOWN <b>Carthage</b> Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>McCune-Brooks Hospital</b>				d. STREET ADDRESS <b>1019 Sophia</b>		Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>THOMAS</b> Middle <b>HENRY</b> Last <b>BAGBY</b>				4. DATE OF DEATH Month <b>11</b> Day <b>14</b> Year <b>1962</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9-10-1887</b>	
9. AGE (last birthday) <b>75</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe Repair Shop</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Repair</b>		11. BIRTHPLACE (City and state or country) <b>Hallowell, Kansas</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Douglas Bagby</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Sweet</b>		14. NAME OF HUSBAND OR WIFE <b>Winnie Beam Bagby</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W W I</b>				16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>Winnie Bagby</b> Address <b>Carthage, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> DUE TO (b) <b>Coronary Thrombosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> <b>same</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <b>7:15</b> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		Month, Day, Year <b>6-10-55</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Carthage</b>		COUNTY <b>Jasper</b>		STATE <b>Mo</b>	
21. I attended the deceased from <b>6-10-55</b> to <b>11-14-62</b> and last saw him alive on <b>11-13-62</b> Death occurred at <b>7:15</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.				22. SIGNATURE (Degree or title) <b>Shaver H. Peterson MD</b>			
22a. ADDRESS <b>510 S Main Carthage, Mo</b>				22c. DATE SIGNED <b>11-14-62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-17-62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Dudman Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Jasper Co Mo</b>	
24. FUNERAL DIRECTOR <b>KNELL MORTUARY Carthage, Mo</b>		ADDRESS <b>Carthage, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>11-15-62</b>		26. REGISTRAR'S SIGNATURE <b>W H Peterson</b>	

(Licensed Embalmer's Statement on Reverse Side)

NOV 27 1962

DEC 5 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.